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MIAMI

ADVISORY COUNCIL

ANNUAL REPORT

SFY 1996

PERINATAL & INFANT HEALTH SECTION
FAMILY & COMMUNITY HEALTH BUREAU

HEALTH POLICY & SERVICES DIVISION
MONTANA DEPARTMENT OF PUBLIC
HEALTH & HUMAN SERVICES
JANUARY 1997

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MIAMI

Directives for improving birth outcome for pregnant women and decreasing the incidence of infant death are firmly grounded in the federal Title V Maternal and Child Health mandates as well as in the State's commitment to improved pregnancy outcomes in Montana. There are four segments involved in the MIAMI program:

- a. Provision of services in local communities
- b. Public education campaigns regarding the need to obtain care early in a pregnancy
- c. Implementing a system to review the causes of fetal and infant deaths in order to identify and implement effective preventive methods
- d. Improving services for Medicaid eligible women who are pregnant.

Common MIAMI definitions used by local projects, the MIAMI Advisory Council, and the Department.

- ❖ Trimester of a pregnancy - a period of time lasting approximately 3 months (12 weeks)
- ❖ Gestational age (GA): period of development of the fetus during the 40 week (9 month) pregnancy , expressed in "weeks of gestation"
- ❖ Normal birth weight: > 2500 grams/5.5 lbs
- ❖ Low birth weight: <2500 grams/5.5 lbs
- ❖ Very low birth weight: <1500 grams/3.5 lbs
- ❖ High Risk Pregnancy: a pregnancy with physiologic, psychologic or environmental factors existing in the mother or the fetus that imply a threat to either's health
- ❖ Common Maternal Risk factors include:
 - medical conditions of the mother such as diabetes or infections
 - sexually transmitted diseases or HIV/AIDS
 - use of alcohol or other drugs during pregnancy
 - battering or other forms of abuse
 - homelessness or multiple residences
 - no financial support/limited income including no medical insurance
 - smoking
 - poor nutrition

- no support from family or father of baby
- age of the mother, particularly if a teenager

Many clients may have more than one "risk" factor at the time of service.

- ❖ Common risk factors of the unborn fetus:
 - exposure to maternal drug & alcohol use
 - infections
 - congenital anomalies
- ❖ Targeted Case Management: Service coordination of access to various services including: medical, nutritional, social and education services throughout the client's pregnancy.

Accomplishments

THE MIAMI ADVISORY COUNCIL REPORTS THE FOLLOWING ACCOMPLISHMENTS:

I. STATEWIDE REDUCTION IN INFANT MORTALITY DUE TO LOW BIRTH WEIGHT

Since 1989, Montana has experienced a decline in the incidence of infant deaths due to low birth weights, However the infant death rate for the 5 year average (1991 through 1995) is 7.3%:

1991 - 7.1%	1992 - 7.4%	1993 - 7.4%
1994 - 7.4%	1995 - 7.1%	

Further analysis indicates the five year infant death rate by race by percentage is as follows:

Race	1991	1992	1993	1994	1995
White	74%	76%	81%	84%	89%
Nat. Am	24%	18%	15%	13%	7%

Bureau of Vital Records and Health Statistics, DPPHS reports for the last three years, the leading causes of death among Montana's infants are:

- Those causes directly related to the mother's health during the pregnancy or to the process of birth
- Genetic problems
- Sudden Infant Death Syndrome (SIDS)

Contributions to reduction of infant deaths due to low or very low birth weights are:

- ◆ 31 local MIAMI projects assisting women in obtaining Medicaid coverage for their prenatal/delivery care or alternative payment mechanisms; provision of Case Management services to the high risk pregnant women, referrals for WIC, nutrition services, parenting classes, health risk management services/- preventing pre-term labor, participation in community health fairs
- ◆ Cherish Our Indian Children projects which provide culturally sensitive community services
- ◆ Public education campaigns directed toward seeking prenatal care early, stopping or decreasing smoking and use of drugs/alcohol during pregnancy, Baby Your Baby, Shaken Baby Syndrome, Sudden Infant Death (SIDS), and early infancy and child care
- ◆ Medicaid Changes including presumptive and continuous eligibility for pregnant women; provider fee increases for obstetrical and pediatric providers and for in-state neonatal intensive care nurseries and fixed wing air transportation

II. FETAL/INFANT MORTALITY REVIEW (FIMR) PROCESS

The study of the possible causes, medical conditions and treatments involved in an untimely or unexpected death of a fetus or infant helps to identify prevention interventions for the future. The State level FIMR team has developed a standardized minimum data set for use in reporting by the local review teams. State-level aggregate, non-client-specific data is used to identify problems and trends. This information is essential to determine effective solutions which direct policy decisions, identification of population in need, type of services being provided and evaluation of the results.

Local community development of FIMR teams continues to progress. Cascade, Gallatin, Missoula counties have established their review teams, with Yellowstone and Lewis and Clark in development. Ravalli and Chouteau counties participate with Missoula's and Cascade's team reviews.

III. MEDICAID CHANGES

The Health Policy and Services Division of DPHHS has worked aggressively over the past decade to bring about a decline in the number of infants whose care exceeded \$10,000 in direct costs to the Medicaid program by means of the following changes:

- ❖ increase provider participation including improved reimbursement for obstetricians and pediatricians
- ❖ implementation of presumptive and continuous eligibility for pregnant women, giving Medicaid clients improved access to early and continuous prenatal care
- ❖ reimbursement for targeted case management services for high risk pregnant women, infants and children
- ❖ facilitated in-state service utilization by increasing reimbursement to the neonatal intensive care units and reimbursement for fixed wing air transport service

Medicaid covered approximately 40% of all the pregnancies in Montana in 1995. Approximately 87.5% of the clients served by MIAMI projects were eligible for Medicaid. In SFY 1996, approximately 83.5% of the MIAMI clients were eligible for Medicaid High Risk Pregnant Women's Targeted Case Management Services.

In addition to the income eligibility, to qualify for Medicaid high risk pregnant women's targeted case management services under Medicaid, the following criteria are used:

- **PRIMARY INDICATORS (ONE PRESENT)**

- | | |
|-----------------------------|---------------------------------|
| -<the age of 17 | -medical problems of the mother |
| -uses alcohol or drugs | -homeless/multiple residence |
| -in an abusive relationship | |

- **ADDITIONAL FACTORS (THREE OR MORE PRESENT)**

- | | |
|--|-----------------------------------|
| - no prenatal care prior to 20 wks gestation | - lack support systems |
| - 2 or more children under age 5 | - less than 12th grade educ. |
| - history of sexual/physical abuse | - age 18/19 |
| - physical/mental abuse | - limited English language skills |
| - refugee status | |

MEDICAID HIGH COST INFANTS > \$10,000

The number of infants whose Medicaid medical care costs exceeded \$10,000.00 has declined since 1989. In 1991, 193 infants received Medicaid payment of care costing greater than \$10,000, at an average cost of \$43,346 per infant. During SFY 1994, 130 infants were covered, with Medicaid's cost of care averaging \$43,605. For SFY 1995, 122 infants were covered by Medicaid with the averaged cost at \$33,973.

In comparison:

- SFY'96 averaged cost per MIAMI client was \$270 (90% GF, 10% MCH block grant)
- the 1995 averaged HIGH Cost infant to Medicaid is \$33,973 (SFY '96 Medicaid costs are not available due to 365 day timely filling limit)

MEDICAID HIGH COST BABIES - YEARLY AVERAGE

YEAR	NO. OF INFANTS	COST
1991	193	\$43,346
1994	130	\$43,605
1995	122	\$33,973

IV. PUBLIC EDUCATION

A. STATEWIDE GENERAL PUBLIC EDUCATION

The public education efforts are achieved through public service announcements, posters, brochures and educational videos directed to the community. The major campaigns for this year are: Sudden Infant Death Syndrome and "Women Who Smoke Cause Babies To Die". The local MIAMI and WIC projects have conducted these campaigns through local tv and radio messages, videos in provider offices, and during local community health fairs.

Healthy Mothers, Healthy Baby's (HMHB)-BABY YOUR BABY (BYB) Program is a multi-media campaign providing outreach, incentives, educational materials and referrals to pregnant women and families with children through age two.

- REFERRAL OR TOLL-FREE NUMBER: **1-800-421-MOMS**

In 1996, BYB completed its fifth year of service to expectant mothers and families with young children. During this time period 3654 pregnant women and 1160 families with young children have been served. Analysis conducted by HMHB staff on some 2000 customer follow up surveys for the 5 yr period indicate:

- 25 % of the callers report use of tobacco products during pregnancy
- 9% report use of alcohol during pregnancy
- 9% report their baby weighed less than 5lbs 8oz
- 10% report their baby was premature

- Major problems listed by the callers are:
 - finding a physician
 - poor financial situation
 - quitting smoking
 - selecting healthy foods

FOR SFY' 95-96:

- 92% percent of those calling reported getting their first pregnancy check-up within the first 12 weeks
- 19% of the callers are pregnant teenagers - <18 yrs old or younger
- 27% of the teen callers are 16 or younger

Baby Your Baby Annual Report is found in Appendix B.

B. DIRECT PATIENT EDUCATION

MIAMI project staff provide direct patient educational information regarding: signs/symptoms of pre-term labor, importance of early, comprehensive and continuous prenatal care, parenting classes and smoking cessation classes.

V. STATEWIDE AGGREGATE DATA FROM 31 MIAMI PROJECTS

The Perinatal and Infant Health Section staff, Family & Community Health Bureau, DPHHS continue to work with the local MIAMI contractors to provide services in the local communities. The state staff provide technical and professional assistance to the local projects, manage the statewide data reporting and analysis functions and conduct contract monitoring activities.

SFY 96 STATE AGGREGATE STATISTICS AND CLIENT PROFILE			
Number Evaluated	100% OF ALL REFERRALS	Number Provided Services	1572
< 12th Grade Education	40.6%	Limited English Proficiency	
Caucasian	85.5%	Native American	8.7%
Smoked at Intake	40.9%	Smoking at Delivery	40.6%
Alcohol Use at Intake	25.8%	Alcohol Use at Delivery	
Medical Risk Factors	31.5%	Homelessness or Multiple Residences	16.5%
Financial Difficulties	69.5%	No Family or Other Support	20.2%
Gestational Age at First Medical Prenatal Visit			11.86wk
Client Age Range	13-50	Mean (Average) Age	22.77
Received Medicaid	87.5%	Received Medicaid Targeted Case Management Services	83.5%

The following Healthy People 2000 objectives are utilized with the local contractors as one measurement for improvement in the health status among pregnant women.

I. To reduce low birth weight (<2500 grams/5.5 lbs) to an incidence of no more than 5% and very low birth weights (<1500 grams/3.5 lbs) to no more than 1% of live births:

During this last year, the number of infants born with birth weights less than 2500 grams was 6.5%, while 1.7% of the infants were born with birth weights less than 1500 grams.

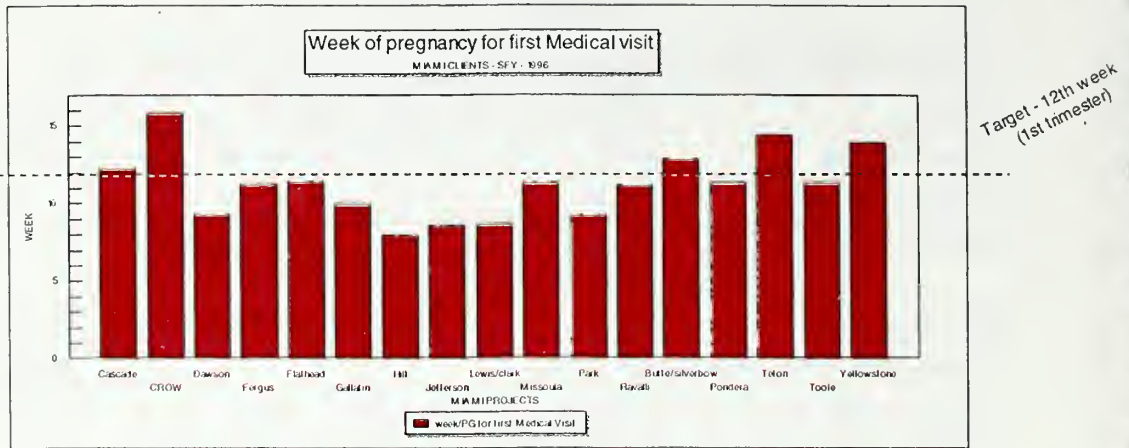
II. To increase abstinence from tobacco use by pregnant women to at least 60%:

Projects report the smoking incidence among clients at their initial assessment is approximately 41 %.

III. Reduce infant mortality rate to no more than 7 per 1,000 live births:

The state level fetal and infant mortality review team established a minimum data set which will be utilized at the local level in 1997. The local community level teams continue to develop and implement their review process.

IV. Increase to 90% the proportion of all pregnant women who receive prenatal care within the first 12 weeks of the pregnancy.



Among the 1572 MIAMI clients, the average week of the pregnancy these clients obtain their first medical prenatal visit is at 11.86 weeks.

VI. The Local MIAMI Project Annual Reports are in Appendix A.

CHALLENGES

The MIAMI ADVISORY COUNCIL predicts the following issues will continue in the coming year requiring state and local efforts for resolution:

Client Service Issues

- clients who seek prenatal care outside local community medical and social service area
- clients who refuse to participate in program services
- teenagers who are pregnant and the need to continue to adapt programs to meet their needs
- continuing to address the complexity of social and medical problems the clients experience

Personnel Issues

- implementing effective services for clients living in sparsely populated areas
- need for continuing education programs for staff
- need for cultural diversity training
- turnover among local project staff
- continued need for technical and professional consultation

Program Development Issues

- lack of resources to expand into new communities
- need to develop services for clients who opt for early discharge after delivery
- increasing need for payment of prenatal care for non-Medicaid, poor women
- need to assess the effects of FAIM (welfare reform) and Managed Care services on pregnant women's ability to obtain early and continuous prenatal care
- improve/strengthen the community referral network among private/public health and social service providers
- implementing culturally appropriate services to increase participation of minority clientele

**RECOMMENDATIONS
TO CONTINUE IMPROVING THE HEALTH OF
PREGNANT WOMEN AND THEIR INFANTS**

Reorganization of several State departments which provide health and human services into one has improved the collaboration and cooperation between state and local programs. The MIAMI Advisory Council makes the following recommendations to Governor Mark Racicot, the Department of Public Health and Human Services, and the Montana Legislature.

- ★ Continue to use an Advisory Council to advise the Director of DPPHS and respective administrators on all services impacting the maternal, infant and children population. The existing MIAMI Council with additional members can serve in this capacity.
- ★ Improve and implement strong preventive health, educational and social services.
- ★ Monitor the implementation of Medicaid Managed Care, FAIM-Welfare Reform, the federal welfare reform programs and their impact on a variety of services affecting women, infants and children's access to health care, education and social services.
- ★ Continue the collaborative efforts among the various state and local programs to address operation issues, to improve quality of services and assure maximum use of resources through cost effective methods.
- ★ Continue support for statewide public education campaign regarding early, continuous prenatal care.
- ★ Support state and local fetal, infant and child mortality review teams in order to identify prevention activities which may reduce untimely and unintended deaths.
- ★ Support the EPP request to expand MIAMI services to better serve the Native American population. Projects may be developed with reservations or through a joint effort with existing MIAMI providers.

- ★ Continue to support Medicaid Match for Outreach activities.
- ★ Support the EPP request for a health educator position to work with family planning and MIAMI projects to implement preventive educational programs for the target population.
- ★ Support the Prevention Initiative for Fetal Alcohol Syndrome (FAS).
- ★ Support the request either through a state statute or regulation, a 48 hour hospital stay for mothers and baby following a vaginal birth or a 96 hours following a cesarean delivery, unless the attending health care provider, in consultation with the mother, determines that a shorter stay is appropriate.

MIAMIADVISORY COUNCIL
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1996

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COMPANY INFORMATION

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ABC COMPANY

2. ADDRESS

123 MAIN STREET
SUITE 100
CITY, STATE 12345

3. PHONE NUMBER

456-789-0123

4. FAX NUMBER

456-789-0123

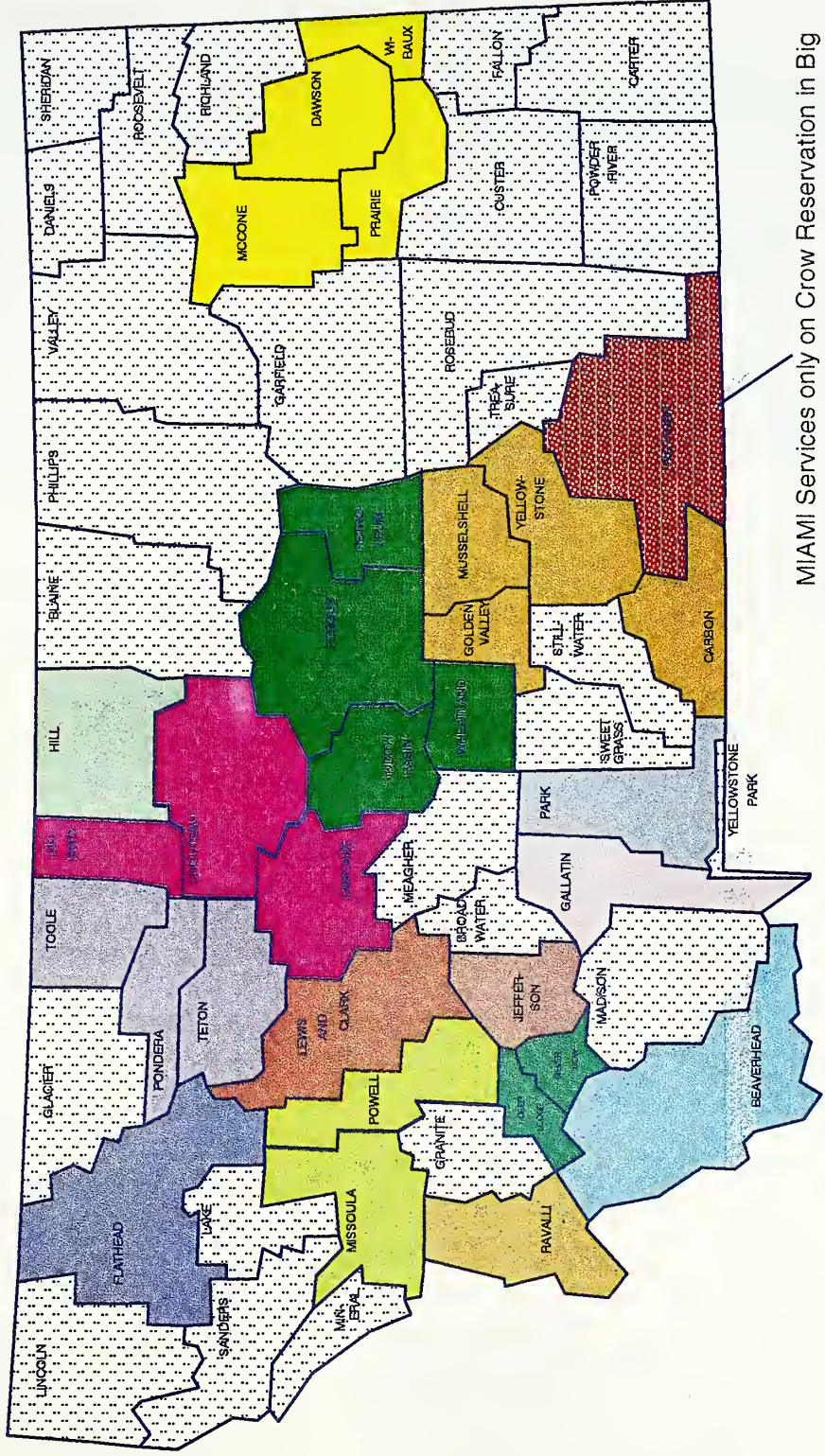
5. E-MAIL ADDRESS

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APPENDIX A

Local MIAMI Projects

State of Montana



MIAMI Services only on Crow Reservation in Big Horn County

◆ Beaverhead MIAMI - Barrett Memorial Hospital

HISTORY This MIAMI project began as one the original pilot projects in 1986. The referrals in the past year have declined due to lack of OB providers in the community. In August 1996, a physician opened a practice in Dillon and it is anticipated that she will attract and retain pregnant women to receive care in the community.

STRENGTHS The MIAMI Project is well known in the community. This Project is housed in a hospital-based local public health department. Seven of the OB nurses employed at Barrett Memorial Hospital received orientation regarding MIAMI and home visiting. Three of these nurses provide services to MIAMI clients.

HEALTHY PEOPLE 2000 GOALS AND ACHIEVEMENTS

- REDUCE LOW BIRTH WEIGHT(<2500 GRAMS/5.5 LBS.) TO AN INCIDENCE OF NO MORE THAN 5% AND VERY LOW BIRTH WEIGHT BIRTHS (<1500 GRAMS/3.5 LBS.) TO NO MORE THAN 1% OF LIVE BIRTHS.** To insure confidentiality for individual clients because of small numbers, no additional information is available.
- INCREASE ABSTINENCE FROM TOBACCO USE BY PREGNANT WOMEN TO AT LEAST 60%.** One of 4 clients smoked at time of pregnancy, and she did not decrease her smoking at time of delivery. An OB team consisting of a Social Worker, Registered Dietitian and Registered Nurse provide smoking cessation education. Beaverhead MIAMI is directly involved in the Tobacco Prevention Coalition.
- REDUCE INFANT MORTALITY RATE TO NO MORE THAN 7 PER 1,000 LIVE BIRTHS.** From 1990 to 1993, there have been no reported infant deaths in Beaverhead County. If the client is actively involved with MIAMI project, staff have access to information regarding an infant death or fetal loss and provide supportive services to the family as needed.
- INCREASE TO 90% THE PROPORTION OF ALL PREGNANT WOMEN WHO RECEIVE PRENATAL CARE IN THE FIRST TRIMESTER.**
Due to small numbers of clients, data doesn't accurately reflect community service pattern.

BEAVERHEAD PROJECT STATISTICS AND CLIENT PROFILE			
Number Evaluated	20	Number Provided Services	4
< 12th Grade Education	33.3%	Limited English Proficiency	0
Caucasian	100%	Native American	0
Smoked at Intake	25%	Smoking at Delivery	1%
Alcohol Use at Intake	0	Alcohol Use at Delivery	0
Medical Risk Factors	25%	Homelessness or Multiple Residences	0
Financial Difficulties	25%	No Family or Other Support	0
Gestational Age at First Medical Prenatal Visit			10 wks
Client Age Range	16-30	Mean (Average) Client Age	20.2
Received Medicaid	25%	Received Medicaid Targeted Case Management Services	100%

◆ **Cascade MIAMI - City-County Health Department/Better Beginnings**

HISTORY This project began in March 1989. They work closely with the physician community to accept the clients determined Medicaid eligible through a presumptive eligibility process. FAIM - welfare reform is bringing some changes to this process and will require continual assessment.

STRENGTHS Have excellent community support from community agencies and private health care providers and an excellent project staff.

HEALTHY PEOPLE 2000 GOALS AND ACHIEVEMENTS

1. REDUCE LOW BIRTH WEIGHT TO AN INCIDENCE OF NO MORE THAN 5% AND VERY LOW BIRTH WEIGHT BIRTHS TO NO MORE THAN 1% OF LIVE BIRTHS.

Cascade's Objective: Decrease the incidence of low birth weight births to 5%; and very low birth weight births to 2%. FY 96 incidence was:

- 4.8% of the babies were born with low birth weights (<2500 grams)
- 2% of the babies were born with very low birth weights (<1500 grams)

Contributing factors to this achievement are: teaching preterm labor signs/symptoms to all clients during the 16-20th weeks of gestation; smoking cessation education; supportive home visiting care to pregnant women on bed rest.

2. INCREASE ABSTINENCE FROM TOBACCO USE BY PREGNANT WOMEN TO AT LEAST 60%.

The smoking incidence at the time of intake among clients served in FY96 is 46.5% while only 18% continue to smoke at time of delivery. Comparing the incidence of smoking by clients served in FY95, with clients served FY96 this change is noted:

- a 3% drop in the number of pregnant women smoking at intake
- a 5% drop in women smoking at delivery

A smoking data prevalence and educational survey is being conducted. After completion of 50 surveys, reassessment of educational intervention methods will be completed.

3. REDUCE INFANT MORTALITY RATE TO NO MORE THAN 7 PER 1,000 LIVE BIRTHS.

The process of building their community based team has begun. The team has developed goals, objectives and a mission statement and has implemented their local data set which incorporates the state level minimum data set.

4. INCREASE TO 90% THE PROPORTION OF ALL PREGNANT WOMEN WHO RECEIVE PRENATAL CARE IN THE FIRST TRIMESTER.

Health care providers in the County accept presumptive eligibility and referrals from the Project. Clients' average gestational age for their first medical prenatal visit is 12.31 weeks.

CASCADE PROJECT STATISTICS AND CLIENT PROFILE			
Number Evaluated	403	Number Provided Services	285
< 12th Grade Education	46%	Limited English Proficiency	.4%
Caucasian	75%	Native American	18%
Smoked at Intake	46.5%	Smoking at Delivery	18%
Alcohol Use at Intake	23.2%	Alcohol Use at Delivery	9.6%
Medical Risk Factors	22.7%	Homelessness or Multiple Residences	6.7%
Financial Difficulties	60.2%	No Family or Other Support	49%
Gestational Age at First Medical Prenatal Visit			12.31 Wks
Client Age Range	14-50	Mean (Average) Client Age	22.19
Received Medicaid	88.4%	Received Medicaid Targeted Case Management Services	83.6%

◆ Chouteau MIAMI - Chouteau County Health Department

HISTORY MIAMI services in this county began in 1993, as a satellite of Cascade County's MIAMI Project. The project serves a large, sparsely populated county where all of the Public Health and Human Services are housed in the same complex. The clients benefit from one-stop-shopping and are easily referred from one service to another.

STRENGTHS The staff are located in the same complex with the other public health and human services agencies, so a good referral network exists among the programs.

HEALTHY PEOPLE 2000 GOALS AND ACHIEVEMENTS

1. **REDUCE LOW BIRTH WEIGHT TO AN INCIDENCE OF NO MORE THAN 5% AND VERY LOW BIRTHS TO NO MORE THAN 1% OF LIVE BIRTHS.**

During the past year, an educational program is in place teaching signs of pre-term labor to all MIAMI clients. Due to limited number of clients no additional data is identified to protect individual confidentiality.

2. **INCREASE ABSTINENCE FROM TOBACCO USE BY PREGNANT WOMEN TO AT LEAST 60%.**

- 100 % of the clients are non-smokers at intake.

3. **REDUCE INFANT MORTALITY RATE TO NO MORE THAN 7 PER 1,000 LIVE BIRTHS.**

This County will participate as a member of the Cascade County regional FIMR/Child Death Review team.

4. **INCREASE TO 90% THE PROPORTION OF ALL PREGNANT WOMEN WHO RECEIVE PRENATAL CARE IN THE FIRST TRIMESTER.**

Educational articles have been published in local paper regarding the need for early and continuous prenatal care and advertising the MIAMI project. Networking has occurred with child protective workers and eligibility workers for early referrals.

Project Statistical Report

- 3 high risk pregnant women received services

Due to the limited number of clients, the client profile data is not identified in order to protect individual confidentiality.

◆ Crow Reservation MIAMI - Crow Tribal Health

HISTORY This project began in September 1993 under contract with the Crow Healthy Mother Heathy Babies non-profit corporation. In January 1996, the contract was transferred to Crow Tribal Health. It is currently the only MIAMI Project on a reservation, primarily serving Crow and Northern Cheyenne pregnant women.

STRENGTHS Have excellent networking system with Indian Health Services - Public Health Nurses, and medical providers. Good referral system with tribal programs including WIC, social services. Provide home visiting services.

HEALTHY PEOPLE YEAR 2000 GOALS AND ACHIEVEMENTS

1. REDUCE LOW BIRTH WEIGHT TO AN INCIDENCE OF NO MORE THAN 5% AND VERY LOW BIRTH WEIGHT TO NO MORE THAN 1% LIVE BIRTHS.
The low birth weight incidence is ZERO; very low birth weight is 4%. Activities contributing to this achievement: Supportive home visiting to high risk pregnant women, pre-term labor signs/symptoms information for every MIAMI client and early prenatal care information is shared with a variety of public agencies and organizations.

2. INCREASE ABSTINENCE FROM TOBACCO USE BY PREGNANT WOMEN TO AT LEAST 60%.

- 29.7% of the MIAMI clients report smoking at intake
- 19.4% continued to smoke at delivery

Clients receive assessment and information about smoking during pregnancy. The video "Mothers Who Smoke" and "A Pregnant Women's Guide to Quit Smoking" are used as a teaching tools for smoking cessation. A Tobacco Cessation Program is available at Crow Agency PHS Hospital.

3. REDUCE INFANT MORTALITY RATE TO NO MORE THAN 7 PER 1,000 LIVE BIRTHS.
The importance of early, regular prenatal care, infant safety, sleep position, importance of well child care are utilized. Families are counseled about the dangers of secondhand smoke.

4. INCREASE THE NUMBER OF PREGNANT WOMEN WHO RECEIVE PRENATAL CARE WITHIN THE FIRST TRIMESTER.
Only 21% of the women receive their prenatal care within the first trimester. Mean gestational age at first medical visit was 15.86 weeks.

CROW TRIBAL HEALTH PROJECT STATISTICS AND CLIENT PROFILE			
Number Evaluated		Number Provided Services	37
< 12th Grade Education	4.3%	Limited English Proficiency	5.4%
Caucasian	0	Native American	100%
Smoked at Intake	29.7%	Smoking at Delivery	19.4%
Alcohol Use at Intake	41.7%	Alcohol Use at Delivery	11%
Medical Risk Factors	56.8%	Homelessness or Multiple Residences	19%
Financial Difficulties	5.4%	No Family or Other Support	37.8%
Gestational Age at First Medical Prenatal Visit			15.86 Wks
Client Age Range	15-39	Mean (Average) Client Age	21.1
Received Medicaid	61.1%	Received Medicaid Targeted Case Management Services	41.9%

◆ Dawson MIAMI - County Health Department

HISTORY Dawson County has a strong history of providing public health nursing home visits to all families with newborns to promote access to health promotion programs and successful parenting. An opportunity to provide more outreach to pregnant women through home visiting occurred with the funding of their MIAMI Project in 1995.

STRENGTHS Close networking system with WIC, Partnership to Strengthen Families and Family Planning, all of which are part of Dawson County Health Department. The Health Department provides contracted services to the local school district and have access to school counselors working with pregnant teens.

HEALTHY PEOPLE 2000 GOALS AND ACHIEVEMENTS

1. **REDUCE LOW BIRTH WEIGHT TO AN INCIDENCE OF NO MORE THAN 5% AND VERY LOW BIRTH WEIGHT TO NO MORE THAN 1% LIVE BIRTHS.**
During the past fiscal year, the low and very low birth weight incidence within Dawson County MIAMI Project remains at **Zero (0)**. Contributing factors to this achievement are teaching preterm labor signs/symptoms and home visiting services.
2. **INCREASE ABSTINENCE FROM TOBACCO USE BY PREGNANT WOMEN TO AT LEAST 60%.**
 - 36.4% of the pregnant women report smoking at intake
 - 11% continue smoking at time of delivery
3. **REDUCE INFANT MORTALITY RATE TO NO MORE THAN 7 PER 1,000 LIVE BIRTHS**
Have not developed a fetal/infant mortality review team.
4. **INCREASE THE NUMBER OF PREGNANT WOMEN WHO RECEIVE PRENATAL CARE WITHIN THE FIRST TRIMESTER.**
 - 91.7% of the clients receive their prenatal care within the first trimester.

Mean gestational age at first medical prenatal visit for the MIAMI clients is 9.33 weeks.

DAWSON PROJECT STATISTICS AND CLIENT PROFILE			
Number Evaluated		Number Provided Services	12
< 12th Grade Education	25%	Limited English Proficiency	0
Caucasian	91.7%	Native American	0
Smoked at Intake	36.4%	Smoking at Delivery	0
Alcohol Use at Intake	17%	Alcohol Use at Delivery	0
Medical Risk Factors	42%	Homelessness or Multiple Residences	33.3%
Financial Difficulties	75%	No Family or Other Support	33.3%
Gestational Age at First Medical Prenatal Visit			9.33 Wks
Client Age Range	17-40	Mean (Average) Client Age	23.3
Received Medicaid	100%	Received Medicaid Targeted Case Management Services	0

♦ Fergus MIAMI - Fergus County Public Health Nurses

HISTORY Fergus, Judith Basin, Wheatland and Petroleum Counties are served by the MIAMI project staff based in Lewistown. This project started in 1992.

STRENGTHS Three local obstetrical physicians accept MIAMI referrals. The referral system to MIAMI within the community is from family planning, WIC, the physicians, and HRDC. The number of MIAMI clients has increased this past year. A new director of nursing and MIAMI project staff nurse have just been hired by the County Commissioners (December 1996).

HEALTHY PEOPLE YEAR 2000 GOALS AND ACHIEVEMENTS

1. **REDUCE LOW BIRTH WEIGHT TO AN INCIDENCE OF NO MORE THAN 5% AND VERY LOW BIRTH WEIGHT BIRTHS TO NO MORE THAN 1% OF LIVE BIRTHS**
 - 100 % of the infants born weighed over 2500 grams.
2. **INCREASE ABSTINENCE FROM TOBACCO USE BY PREGNANT WOMEN TO AT LEAST 60%.** No change in smoking habits was reported at time of delivery.
3. **REDUCE INFANT MORTALITY RATE TO NO MORE THAN 7 PER 1,000 LIVE BIRTHS.**

Due to staff changes within the Health Department in 1996, the development of the community review team has not yet been accomplished.

4. **INCREASE TO 90% THE PROPORTION OF ALL PREGNANT WOMEN WHO RECEIVE PRENATAL CARE IN THE FIRST TRIMESTER**
Clients' mean gestational age at first medical prenatal visit was 11.25 weeks.

FERGUS PROJECT STATISTICS AND CLIENT PROFILE			
Number Evaluated		Number Provided Services	4
< 12th Grade Education	100%	Limited English Proficiency	0
Caucasian	75%	Native American	0
Smoked at Intake	25%	Smoking at Delivery	33.3%
Alcohol Use at Intake	0	Alcohol Use at Delivery	0
Medical Risk Factors	100%	Homelessness or Multiple Residences	100%
Financial Difficulties	100%	No Family or Other Support	0
Gestational Age at First Medical Prenatal Visit			11.25 Wks
Client Age Range	15-20	Mean (Average) Client Age	18.25
Received Medicaid	100%	Received Medicaid Targeted Case Management Services	100%

◆ Flathead MIAMI - City-County Health Department

HISTORY The MIAMI project in this county began in 1991. The project has a good referral network with family planning, WIC, local physicians, both hospitals, Northwest Human Resources and the local school districts.

STRENGTHS Experience a good working relationship within community. This project has coordinated with local churches and service programs for donation of quilts for new babies, and a "share" closet for exchangeable baby items (cribs, clothes, etc).

HEALTHY PEOPLE YEAR 2000 GOALS AND ACHIEVEMENTS

1. **REDUCE LOW BIRTH WEIGHT TO AN INCIDENCE OF NO MORE THAN 5% AND VERY LOW BIRTH WEIGHT BIRTHS TO NO MORE THAN 1% OF LIVE BIRTHS.**
 - 6.6 % of the infants born with a low birth weight (<2500 grams/5.5lbs)
 - 2.8% of the infants born with a very low birth weight (<1500 grams/3.5lbs)
2. **INCREASE ABSTINENCE FROM TOBACCO USE BY PREGNANT WOMEN TO AT LEAST 60%.**
 - 7 % report a decrease in their smoking at time of delivery
 - 1 client quit smoking at time of delivery
3. **REDUCE INFANT MORTALITY RATE TO NO MORE THAN 7 PER 1,000 LIVE BIRTHS.**
Development of a local review team has yet to occur. Activities to assist the families in providing a healthy environment for infants and children include
 - early home visiting to families with hospital discharges less than 48 hr after delivery
 - promotion of well child exams, immunizations, WIC, home safety and prevention of communicable diseases
 - parenting classes through the Family Preservation Program
 - family planning referrals
4. **INCREASE TO 90% THE PROPORTION OF ALL PREGNANT WOMEN WHO RECEIVE PRENATAL CARE IN THE FIRST TRIMESTER.**
The clients' average gestational age for their first medical prenatal visit is 11.42 weeks.

FLATHEAD PROJECT STATISTICS AND CLIENT PROFILE			
Number Evaluated	218	Number Provided Services	119
< 12th Grade Education	32.8%	Limited English Proficiency	0
Caucasian	93.3%	Native American	4.2%
Smoked at Intake	50.4%	Smoking at Delivery	50.9%
Alcohol Use at Intake	50.4%	Alcohol Use at Delivery	40.9%
Medical Risk Factors	46.1%	Homelessness or Multiple Residences	40.5%
Financial Difficulties	86.2%	No Family or Other Support	28.4%
Gestational Age at First Medical Prenatal Visit			11.42 Wks
Client Age Range	14-41	Mean (Average) Client Age	22.01
Received Medicaid	92.8%	Received Medicaid Targeted Case Management Services	88.3%

◆ Gallatin MIAMI - City-County Health Department

HISTORY Gallatin County had one of the first low birth weight projects in Montana. Except for the first two years, the City- County Health Department has administered the project.

STRENGTHS The emphasis of the program is to work with pregnant women to identify their strengths and build on their support systems. Prenatal services are readily available. This project has good, collaborative internal relationships, and with Bozeman Deaconess Hospital, private medical providers, public assistance programs and other community resources.

HEALTHY PEOPLE YEAR 2000 GOALS AND ACHIEVEMENTS

1. **REDUCE LOW BIRTH WEIGHT TO AN INCIDENCE OF NO MORE THAN 5% AND VERY LOW BIRTH WEIGHT BIRTHS TO NO MORE THAN 1% OF LIVE BIRTHS.**
 - 1%(8) infants born with low birth weights (<2500 grams/ 5.5 LBS.)
 - NO infants with birth weights under 1500 grams (very low birth weight/3.5 LBS)
2. **INCREASE ABSTINENCE FROM TOBACCO USE BY PREGNANT WOMEN TO AT LEAST 60%.**
 - At intake - 28.1%, while only 18.3% continue smoking at time of delivery.
 - 9.8% of the clients reduce smoking between time of intake and delivery
 - All women in this project are screened for smoking and educated regarding risks associated with continued use during pregnancy. Smoking cessation programs are available in the community as well as individual smoking cessation programs.
3. **REDUCE INFANT MORTALITY RATE TO NO MORE THAN 7 PER 1,000 LIVE BIRTHS.**
The local infant mortality review team has met quarterly over the last year. Continuing efforts to improve communication and support are ongoing with the medical community. Shaken Baby Syndrome and Back to Sleep education campaigns have been instituted.
4. **INCREASE TO 90% THE PROPORTION OF ALL PREGNANT WOMEN WHO RECEIVE PRENATAL CARE IN THE FIRST TRIMESTER.**
Clients' average gestational age for their first medical prenatal visit is 9.93 weeks. Activities to maintain this achievement include an increase in general public educational efforts about the importance of early and continuous prenatal care and at the time a pregnancy test is performed; and to include more information in school health curriculum.

GALLATIN PROJECT STATISTICS AND CLIENT PROFILE			
Number Evaluated		Number Provided Services	91
< 12th Grade Education	24.6%	Limited English Proficiency	2.5%
Caucasian	92.3%	Native American	3.3%
Smoked at Intake	28.1%	Smoking at Delivery	18.3%
Alcohol Use at Intake	5.6%	Alcohol Use at Delivery	2.9%
Medical Risk Factors	21%	Homelessness or Multiple Residences	11.1%
Financial Difficulties	60.5%	No Family or Other Support	18.5%
Gestational Age at First Medical Prenatal Visit			9.93 Wks
Client Age Range	15-40	Mean (Average) Client Age	24.55
Received Medicaid	77.8%	Received Medicaid Targeted Case Management Services	81.7%

◆ Hill MIAMI - County Health Department

HISTORY Hill County MIAMI started as a satellite of Cascade County in 1993. The first client was seen in January 1994. In June 1995 Hill County Health Department assumed full management of the MIAMI project.

STRENGTHS Excellent referrals from WIC. A former Health Department nurse is now employed at the local hospital as a member of the discharge team and coordination of services is improving.

HEALTHY PEOPLE YEAR 2000 GOALS AND ACHIEVEMENTS

- REDUCE LOW BIRTH WEIGHT TO AN INCIDENCE OF NO MORE THAN 5% AND VERY LOW BIRTH WEIGHT BIRTHS TO NO MORE THAN 1% OF LIVE BIRTHS.** This Project established their goal at 7% for low birth weight.
 - 7.1% of the infants born with a low birth weight (<2500 grams/ 5.5 LBS)
 - NO infants born with very low birth weight (<1500 grams/3.5 lbs.)
- INCREASE ABSTINENCE FROM TOBACCO USE BY PREGNANT WOMEN TO AT LEAST 60%.**
 - 7.4 % clients report smoking at time of delivery;
 - 14.8% of the clients report quitting smoking at time of delivery;
- REDUCE INFANT MORTALITY RATE TO NO MORE THAN 7 PER 1,000 LIVE BIRTHS.** There is no fetal/infant death review team established in this community. For the general population, the incidence is within the target.
- INCREASE TO 90% THE PROPORTION OF ALL PREGNANT WOMEN WHO RECEIVE PRENATAL CARE IN THE FIRST TRIMESTER.** Clients' average gestational age for their first medical prenatal visit is 7.93 weeks.

HILL PROJECT STATISTICS AND CLIENT PROFILE			
Number Evaluated		Number Provided Services	31
< 12th Grade Education	19.4%	Limited English Proficiency	0
Caucasian	74.2%	Native American	12.9%
Smoked at Intake	35.5%	Smoking at Delivery	7.4%
Alcohol Use at Intake	0	Alcohol Use at Delivery	0
Medical Risk Factors	35.5%	Homelessness or Multiple Residences	0
Financial Difficulties	0	No Family or Other Support	100%
Gestational Age at First Medical Prenatal Visit			7.93 Wks
Client Age Range	18-34	Mean (Average) Client Age	23.13
Received Medicaid	85.7%	Received Medicaid Targeted Case Management Services	85.7%

◆ Jefferson MIAMI - County Health Department

HISTORY This project began in 1991 under contract through Lewis and Clark County. In 1993, Jefferson County assumed full responsibility for the MIAMI project. However, in January 1996, the Public Health Nurse resigned and this project was not staffed until March 1996. The new staff provided limited services through June.

STRENGTHS Good referral system with Family Planning, WIC; improved charting of required information; marketing services throughout the community.

HEALTHY PEOPLE YEAR 2000 GOALS AND ACHIEVEMENTS

1. **REDUCE LOW BIRTH WEIGHT TO AN INCIDENCE OF NO MORE THAN 5% AND VERY LOW BIRTHS TO NO MORE THAN 1% OF LIVE BIRTHS.**
 - 25 % of the births are of low birth weights (< 2500 grams/5.5lbs)
 - No births of infants weighting less than 1500 grams/3.5lbs
2. **INCREASE ABSTINENCE FROM TOBACCO USE BY PREGNANT WOMEN TO AT LEAST 60%.**
 - 25 % of the clients quit smoking at delivery
3. **REDUCE INFANT MORTALITY RATE TO NO MORE THAN 7 PER 1,000 LIVE BIRTHS.**
No formal team has been developed. The infant death incidence rate in Jefferson County is low.
4. **INCREASE TO 90% THE PROPORTION OF ALL PREGNANT WOMEN WHO RECEIVE PRENATAL CARE IN THE FIRST TRIMESTER.**
Clients' average gestational age for their first prenatal medical visit is 8.6 weeks.

JEFFERSON PROJECT STATISTICS AND CLIENT PROFILE			
Number Evaluated		Number Provided Services	10
< 12th Grade Education	44.4%	Limited English Proficiency	0
Caucasian	90%	Native American	10%
Smoked at Intake	40%	Smoking at Delivery	15%
Alcohol Use at Intake	0	Alcohol Use at Delivery	0
Medical Risk Factors	20%	Homelessness or Multiple Residences	20%
Financial Difficulties	40%	No Family or Other Support	10%
Gestational Age at First Medical Prenatal Visit			8.6 Wks
Client Age Range	15-40	Mean (Average) Client Age	26.60
Received Medicaid	100%	Received Medicaid Targeted Case Management Services	80%

◆ Lewis and Clark MIAMI - City-County Health Department

HISTORY This project began in 1990 with 2 part time staff comprised of a PHN and Social Worker. The staff was initially involved with the development of the local Healthy Mothers, Healthy Babies coalition.

STRENGTHS Good referral system with WIC and other MCH services which are under one supervisor within the Health Department. Community Health Center co-located in same facility.

HEALTHY PEOPLE YEAR 2000 GOALS AND ACHIEVEMENTS

1. REDUCE LOW BIRTH WEIGHT TO AN INCIDENCE OF NO MORE THAN 5% AND VERY LOW BIRTHS TO NO MORE THAN 1% OF LIVE BIRTHS.

Among this project's high risk pregnant clients:

- 90% of the babies are born with normal birth weights.
- The low birth weight incidence (<2500 grams/5.5lbs) is 7.2%;
- The very low birth weight (<1500 grams/3.5lbs) is 1.2%.

2. INCREASE ABSTINENCE FROM TOBACCO USE BY PREGNANT WOMEN TO AT LEAST 60%.

This project reports 19.2% completely stopped smoking at time of delivery, while 2.7% reduced the amount they smoked at time of delivery.

3. REDUCE INFANT MORTALITY RATE TO MORE THAN 7 PER 1,000 PER LIVE BIRTHS.

This project has not developed a local review team, but is in the process of developing their local team and anticipating starting the review process within state fiscal year 1997.

4. INCREASE TO 90% THE PROPORTION OF ALL PREGNANT WOMEN WHO OBTAIN PRENATAL CARE IN THEIR FIRST TRIMESTER.

Clients' average gestational age for their first medical prenatal visit is 8.68 weeks.

LEWIS & CLARK PROJECT STATISTICS AND CLIENT PROFILE			
Number Evaluated	199	Number Provided Services	71
< 12th Grade Education	34.9%	Limited English Proficiency	2.2%
Caucasian	91%	Native American	5.6%
Smoked at Intake	40.9%	Smoking at Delivery	2.7%
Alcohol Use at Intake	90.1%	Alcohol Use at Delivery	7.4%
Medical Risk Factors	31.1%	Homelessness or Multiple Residences	24.4%
Financial Difficulties	67.8%	No Family or Other Support	42.2%
Gestational Age at First Medical Prenatal Visit			8.68 Wks
Client Age Range	14-39	Mean (Average) Client Age	22.57
Received Medicaid	88.8%	Received Medicaid Targeted Case Management Services	84.4%

◆ Missoula MIAMI - City/County Health Department

HISTORY Missoula Access Links was one of the original 4 pilot projects begun in 1986 to provide care to poverty level high risk pregnant women. The project includes a clinical component, using an MD and NP as providers. Community physician support expanded from 8 doctors to full community support by 1988, with the exception of one OB/GYN.

STRENGTHS Holistic approach to family through home visiting provides continuity of care (same public health nurse provides prenatal home visits, provides the postpartum home visits and acts as the case manager). Multiple community providers participate in the project (13 OB/GYNs, 2 CNM and 11 FP's.) Excellent community networking and support; close cooperative relationship with the hospital providing obstetrical care in the community. Have available a supportive medical advisor.

HEALTHY PEOPLE YEAR 2000 GOALS AND ACHIEVEMENTS

1. REDUCE LOW BIRTH WEIGHT TO AN INCIDENCE OF NO MORE THAN 5% AND VERY LOW BIRTH WEIGHT BIRTHS TO NO MORE THAN 1% OF LIVE BIRTHS.

- the low birth weight (<2500 grams/5.5 lbs..) incidence is 5%
- the very low birth weight (<1500 grams/3.5 lbs.) incidence is 0.6%.

Contributing factors to this achievement are an intra-agency MIAMI/WIC referral system; food bank provides immediate assistance to MIAMI referrals; excellent assistance through the Joseph Center for family transitional housing and through the housing authority; strong referral system with the Battered Women's Shelter; excellent intra-staffing support with Turning Point (substance abuse program).

2. INCREASE ABSTINENCE FROM TOBACCO USE BY PREGNANT WOMEN TO AT LEAST 60%.

- 35.6% of women report smoking at time of intake
- 20.7 % of the clients quit smoking at the time of delivery
- 5.6% of clients continue to smoke at the time of delivery

3. REDUCE INFANT MORTALITY RATE TO NO MORE THAN 7 PER 1,000 LIVE BIRTHS.

Missoula County has an active local FIMR/child death review committee. Public education of the Back to Sleep and Shaken Baby Campaigns are actively implemented..

4. INCREASE TO 90% THE PROPORTION OF ALL PREGNANT WOMEN WHO RECEIVE PRENATAL CARE IN THE FIRST TRIMESTER.

Clients' average gestational age for their first prenatal visit is 11.35. Approximately 74% of MIAMI clients receive prenatal care in the first trimester.

MISSOULA PROJECT STATISTICS AND CLIENT PROFILE			
Number Evaluated		Number Provided Services	254
< 12th Grade Education	20.4%	Limited English Proficiency	1.6%
Caucasian	89.3%	Native American	5.2%
Smoked at Intake	35.6%	Smoking at Delivery	5.6%
Alcohol Use at Intake	19.4%	Alcohol Use at Delivery	1.7%
Medical Risk Factors	42.1%	Homelessness or Multiple Residences	16.3%
Financial Difficulties	75.8%	No Family or Other Support	15.1%
Gestational Age at First Medical Prenatal Visit			11.35 Wks
Client Age Range	14-41	Mean (Average) Client Age	23.51
Received Medicaid	93.3%	Received Medicaid Targeted Case Management Services	91%

◆ Park MIAMI - County Health Department

HISTORY Park County MIAMI started as a satellite of Gallatin County in early 1995 and became a free-standing project in July 1995. The Park County program has been offering services for one full year.

STRENGTHS Have expanded services to south end of the county via the public health nurse located in Gardiner. Have excellent community support from private health care providers (3 OB/GYN doctors and 2 Certified Nurse Midwives). Excellent referrals through WIC as they are co-located in the same office.

HEALTHY PEOPLE YEAR 2000 GOALS AND ACHIEVEMENTS

1. **REDUCE LOW BIRTH WEIGHT TO AN INCIDENCE OF NO MORE THAN 5% AND VERY LOW BIRTH WEIGHT BIRTHS TO NO MORE THAN 1% OF LIVE BIRTHS.**
Park's Objective: Decrease low birth weight births in the MIAMI population to no more than 7% and very low birth weights to no more than 2% of the births
 - 1 infant (5.3%) had a low birth weight (<2500 gram/5.5 lbs.)
 - 2 infants (10.6%) had very low birth weights (<1500 grams/3.5 lbs.)
2. **INCREASE ABSTINENCE FROM TOBACCO USE BY PREGNANT WOMEN TO AT LEAST 60%.**
Of the clients reporting use of tobacco at intake
 - 58 % quit smoking
 - one individual increased use during pregnancy
 - one individual resumed smoking at end of pregnancy
3. **REDUCE INFANT MORTALITY RATE TO NO MORE THAN 7 PER 1,000 LIVE BIRTHS.**
Park County is considering a regional approach to FIMR with Gallatin County, but no formal community team has been developed at this time. No infant deaths occur in this state fiscal year.
4. **INCREASE TO 90% THE PROPORTION OF ALL PREGNANT WOMEN WHO RECEIVE PRENATAL CARE IN THE FIRST TRIMESTER.**
Clients' average gestational age for their first prenatal visit is 9.2 weeks.

PARK PROJECT STATISTICS AND CLIENT PROFILE			
Number Evaluated		Number Provided Services	23
< 12th Grade Education	33.3%	Limited English Proficiency	4.3%
Caucasian	95.7%	Native American	0
Smoked at Intake	30.4%	Smoking at Delivery	5.3%
Alcohol Use at Intake	4.3%	Alcohol Use at Delivery	0
Medical Risk Factors	43.5%	Homelessness or Multiple Residences	4.3%
Financial Difficulties	61%	No Family or Other Support	8.7%
Gestational Age at First Medical Prenatal Visit			9.2 Wks
Client Age Range	15-37	Mean (Average) Client Age	24.13
Received Medicaid	84.2%	Received Medicaid Targeted Case Management Services	73.7%

◆ Ravalli MIAMI - Marcus Daly Memorial Hospital

HISTORY This project began in 1989 as a response to losing OB providers. Marcus Daly Hospital began providing liability insurance to 3 doctors to assure access to prenatal care/OB care in Ravalli County. This has grown to the current 6 OB providers. Ravalli MIAMI/Access Links is modeled after Missoula's MIAMI/Access Links program, but is hospital based. Case management/TCM was begun in 1993.

STRENGTHS Have a good collaboration and referral network within WIC, local schools, battered women's group, mental health, public health nurses. Project staff are actively involved in strong local Healthy Families coalition. Recent implementation of home visiting for maternity clients with 48-96 hours of discharge after delivery. MSU nursing students complete preceptor training with Project staff.

HEALTHY PEOPLE YEAR 2000 GOALS AND ACHIEVEMENTS

1. **REDUCE LOW BIRTH WEIGHT TO AN INCIDENCE OF NO MORE THAN 5% AND VERY LOW BIRTH WEIGHT BIRTHS TO NO MORE THAN 1% OF LIVE BIRTHS.**
This project's objective was met for MIAMI clients:
 - 3.8 % of the infants born with low birth weights (<2500 grams/5.5 lbs.)
 - NO infants were born with very low birth weight (<1500 grams/3.5lbs)
2. **INCREASE ABSTINENCE FROM TOBACCO USE BY PREGNANT WOMEN TO AT LEAST 60%.**
 - 33% of the clients stopped smoking during pregnancy
3. **REDUCE INFANT MORTALITY RATE TO NO MORE THAN 7 PER 1,000 LIVE BIRTHS.**
Continue to collaborate with Missoula County's FIMR team and coordinator.
4. **INCREASE TO 90% THE PROPORTION OF ALL PREGNANT WOMEN WHO RECEIVE PRENATAL CARE IN THE FIRST TRIMESTER.**
Clients' average gestational age for their first medical prenatal visit is 11.18 weeks.

RAVALLI PROJECT STATISTICS AND CLIENT PROFILE			
Number Evaluated		Number Provided Services	135
< 12th Grade Education	39.2%	Limited English Proficiency	3%
Caucasian	95.6%	Native American	0
Smoked at Intake	50.4%	Smoking at Delivery	17.4%
Alcohol Use at Intake	6%	Alcohol Use at Delivery	3%
Medical Risk Factors	37%	Homelessness or Multiple Residences	17.8%
Financial Difficulties	74%	No Family or Other Support	14%
Gestational Age at First Medical Prenatal Visit			11.8 Wks
Client Age Range	15-43	Mean (Average) Client Age	23.53
Received Medicaid	85.6%	Received Medicaid Targeted Case Management Services	90.4%

◆ Butte/Silver Bow MIAMI - City-County Health Department

HISTORY This project began in July 1993. Initially, an active media campaign was utilized to promote the project. MIAMI staff maintains active involvement with local agencies including Family Partnership Program, weekly meetings at the local high school with teens who are pregnant, parenting, or awaiting adoption placement, participation in local Child Protective Team meetings. Area medical providers, other community professionals and the local office of public assistance offer continuous support.

STRENGTHS Positive relationships with social workers, WIC, family planning, and the family physicians. Active on a local MCH Advisory Council established for issues impacting mothers and children in the County. Have good referral system internally and with the two family practice physicians, three OBs and two CNMs who care for prenatal clients in the community.

HEALTHY PEOPLE YEAR 2000 GOALS AND ACHIEVEMENTS

1. **REDUCE LOW BIRTH WEIGHT TO AN INCIDENCE OF NO MORE THAN 5% AND VERY LOW BIRTH WEIGHTS TO NO MORE THAN 1% OF LIVE BIRTHS.**
Butte/Silver Bow's MIAMI Projects's Objective is 10% for low birth weight babies and 2 % for very low birth weight of the live births.
 - 12.1% of the infants were born with low birth weights (<2500 grams/5.5lbs)
 - NO infants were born with very low birth weights (<1500 grams/3.5 lbs)
2. **INCREASE ABSTINENCE FROM TOBACCO USE BY PREGNANT WOMEN TO AT LEAST 60%.**
 - 32.7% report smoking at time of intake
 - 10.5 % quit smoking or/and reduced amount of smoking at time of delivery
3. **REDUCE INFANT MORTALITY RATE TO NO MORE THAN 7 PER 1,000 LIVE BIRTHS.**
The local MCH Advisory Committee has discussed the need for an Infant/Child Mortality Review Team and supports this effort. They are beginning to review their local data from birth-death certificates with the Clerk and Recorder for the past five-ten years.
4. **INCREASE TO AT LEAST 90% THE PROPORTION OF ALL PREGNANT WOMEN WHO RECEIVE PRENATAL CARE IN THE FIRST TRIMESTER OF PREGNANCY.**
This MIAMI Project's objective for women achieving prenatal care in the first trimester to 80%.
 - the average gestational age for the first medical prenatal visit is 12.89 weeks.

BUTTE/SILVER BOW PROJECT STATISTICS AND CLIENT PROFILE

Number Evaluated		Number Provided Services	49
< 12th Grade Education	47.9%	Limited English Proficiency	2%
Caucasian	95.8%	Native American	0
Smoked at Intake	32.7%	Smoking at Delivery	22.2%
Alcohol Use at Intake	4%	Alcohol Use at Delivery	1.4%
Medical Risk Factors	12.5%	Homelessness or Multiple Residences	24.5%
Financial Difficulties	63%	No Family or Other Support	24.5%
Gestational Age at First Medical Prenatal Visit			12.89 Wks
Client Age Range	15-39	Mean (Average) Client Age	21.57
Received Medicaid	94.7%	Received Medicaid Targeted Case Management Services	81.6%

◆ Tri-County MIAMI - Toole, Teton & Pondera County Health Depts.

HISTORY This project began in 1994 serving a "Tri-County" region. Several staffing changes have occurred in the past two years, primarily among the nurses, public health directors and social workers. Current project staff include two nurses covering the three counties, one dietician, and one social worker. The three PHNs share administrative duties.

STRENGTHS Vast knowledge of small community service system. Flexibility throughout the program is stressed and family based approach is utilized in all programs. Good networking with WIC, and other Public Health Departments' staff, and referrals from Great Falls hospital and coordination with the Follow Me program provide a good continuity of care.

HEALTHY PEOPLE YEAR 2000 GOALS AND ACHIEVEMENTS (project area)

1. **REDUCE LOW BIRTH WEIGHT TO AN INCIDENCE OF NO MORE THAN 5% AND VERY LOW BIRTH WEIGHT BIRTHS TO NO MORE THAN 1% OF LIVE BIRTHS.**
 - 40% of the infants had low birth weights (<2500 grams/5.5 lbs)
 - NO infants were born with very low birth weights (<1500 grams/3.5lbs)
2. **INCREASE ABSTINENCE FROM TOBACCO USE BY PREGNANT WOMEN TO AT LEAST 60%**
 - Pondera - 25% of the MIAMI clients quit smoking
 - Teton - 20% of MIAMI clients quit smoking during pregnancy
 - Toole - 50% quit and 12 % decreased amount they smoke

Implemented First Steps Smoking Cessation program and use state developed brochures, posters and educational video for public education.
3. **REDUCE INFANT MORTALITY RATE TO NO MORE THAN 7 PER 1,000 LIVE BIRTHS.**
There is no formal program for review. Extremely low incidence of infant deaths.
4. **INCREASE TO 90% THE PROPORTION OF ALL PREGNANT WOMEN WHO RECEIVE PRENATAL CARE IN THE FIRST TRIMESTER (12 WKS).**
Clients' average gestational age for first medical prenatal visit:
 - Pondera - 11.36 wks
 - Teton - 14.38 wks
 - Toole - 11.35 wks

TRI COUNTIES PROJECT STATISTICS AND CLIENT PROFILE			
Number Evaluated		Number Provided Services	135
< 12th Grade Education	39.2%	Limited English Proficiency	3%
Caucasian	95.6%	Native American	0
Smoked at Intake	50.4%	Smoking at Delivery	17.4%
Alcohol Use at Intake	6%	Alcohol Use at Delivery	3%
Medical Risk Factors	37%	Homelessness or Multiple Residences	17.8%
Financial Difficulties	74%	No Family or Other Support	14%
Gestational Age at First Medical Prenatal Visit			11.8 Wks
Client Age Range	15-43	Mean (Average) Client Age	23.53
Received Medicaid	85.6%	Received Medicaid Targeted Case Management Services	90.4%

◆ **Yellowstone MIAMI - City/County Health Department/Deering Community Health Center**

HISTORY This project began as one of the four pilots in 1986. In 1993, services were expanded to Carbon, Musselshell and Golden Valley Counties.

STRENGTHS Billings: Good community networking system in place. Community has a special prenatal clinic funded in conjunction with a local hospital serving lower income women with limited or no health insurance coverage. Have a "one stop" shopping available through the Deering Community Health Clinic.

HEALTHY PEOPLE YEAR 2000 GOALS AND ACHIEVEMENTS (project area)

1. **REDUCE LOW BIRTH WEIGHT TO AN INCIDENCE OF NO MORE THAN 5% AND VERY LOW BIRTH WEIGHT BIRTHS TO NO MORE THAN 1% OF LIVE BIRTHS.**
 - 6.0% of the births are low birth weight (< 2500 grams/5.5lbs)
 - 1.5% births are of very low birth weight (<1500 gramslbs..)
 - 94% births are normal (>2500 gramslbs.)

Activities contributing to these successful outcomes include classes and home visiting to teach effects of high risk behaviors and signs/symptoms of preterm labor.
2. **INCREASE ABSTINENCE FROM TOBACCO USE BY PREGNANT WOMEN TO AT LEAST 60%.**
 - 40.2% of the clients smoked at intake
 - At time of delivery 10.9% reported no change in smoking, while 5.2 % quit smoking.
3. **REDUCE INFANT MORTALITY RATE TO NO MORE THAN 7 PER 1,000 LIVE BIRTHS.**

This project is beginning the development of a local review committee in Billings. Due to moving and internal reorganization of the Department, activities were delayed.
4. **INCREASE TO 90% THE PROPORTION OF ALL PREGNANT WOMEN WHO RECEIVE PRENATAL CARE IN THE FIRST TRIMESTER (12 WKS).**
 - 48.6% access the project within the first trimester of their pregnancy;
 - Clients' average gestational age for their first medical prenatal visit is 13.94 weeks.

YELLOWSTONE PROJECT STATISTICS AND CLIENT PROFILE			
Number Evaluated	480	Number Provided Services	362
< 12th Grade Education	33.9%	Limited English Proficiency	1.1%
Caucasian	87.6%%	Native American	4.2%
Smoked at Intake	40.2%	Smoking at Delivery	10.9%
Alcohol Use at Intake	45.9%	Alcohol Use at Delivery	10.2%
Medical Risk Factors	27.6%	Homelessness or Multiple Residences	15.7%
Financial Difficulties	85.1%	No Family or Other Support	29.6%
Gestational Age at First Medical Prenatal Visit			13.94 Wks
Client Age Range	14-47	Mean (Average) Client Age	22.45
Received Medicaid	87%	Received Medicaid Targeted Case Management Services	85.8%



APPENDIX B





BABY YOUR BABY

1995 - 1996 REPORT

Baby Your Baby Project Update

by Elizabeth Roeth-Espelin, RNC, MBA
Project Director

BABY YOUR BABY (BYB) completed its fifth year of service to expectant mothers and families with young children in Montana. During this year all of our stations completed airing Phase II materials. During 1995 - 96 special attention was given to the importance of not smoking, drinking or using drugs during pregnancy, to Sudden Infant Death Syndrome (SIDS), immunization and accessing providers.

BYB is a unique public/private partnership. All of our affiliated stations have provided letters of support to continue this outreach effort. Local sponsors and private foundations provide a significant portion of the funds needed. The partnership with Medicaid continues to provide a significant outreach program to Medicaid eligible women and families with young children. Sponsorship and private contributions have also significantly contributed to, and enhanced, the public education efforts of the MIAMI Project.

Our community contact people have truly been the local heroes. Their dedication to contacting and following up with women and families calling the BYB line is making a difference.

BYB network stations in Missoula (KTMF) and Great Falls (KTGF) made special efforts to promote the program with special *BABY YOUR BABY* weeks/months throughout the year. BYB segments and PSAs are run each day of the week and documentaries are run on the weekends. Stations in Billings (KULR), Missoula and Great Falls have reached out beyond the medical community to find local sponsors who are supporting the airing of these important messages.

Building For The Future

Special *Baby Your Baby* PSAs were produced in the spring of 1996 and provided to stations as a bridge to the production of the new *BABY YOUR BABY* Moments (see inside article). All of our network stations have committed to carry BYB Moments and are utilizing the special PSAs and previously produced segments to maintain visibility for the project until production of the new materials is completed.

How Are We Doing?

Even following the completion of the airing of BYB News Segments word continues to get out. Special PSAs, along with the mailing of BYB/AFDC check stuffers, have kept the 1-800 line busy.

From July 1, 1995, to June 30, 1996, 758 people called the *Baby your Baby* line. 434 women sought information about prenatal care and 324 parents called for information about well-child care.

Since the program began, 3,694 pregnant women have registered with BYB and 1,158 families with young children have registered. The *Baby Your Baby* Line, 1-800-421-MOMS, continues to receive more than 63 calls a month.

Facts on moms calling about prenatal care during the past 12 months:

- ☐ Eighty two percent of women calling reported that they had a pregnancy check-up and 82% of those had their check-up in the first trimester. This was down from the 94% reported for last year.
- ☐ Ninety percent of those who had not had their check-up planned on having one. Eighty two percent of those stated that they would have their check-up within the first trimester. All of the women who stated that they were not going to have a pregnancy checkup attributed the reason to financial issues.
- ☐ Nineteen percent of those calling are pregnant teenagers -18 years of age or younger. Twenty-seven percent of the teens calling were 16 years old or younger with the youngest being 14.
- ☐ For those needing help, paying for pregnancy care and paying for healthy food continued to top the list of needs. These were followed by selecting healthy foods, finding a doctor and needing help to stop smoking.
- ☐ Eight percent of respondents stated that they need help to stop smoking during pregnancy. Eighty five percent of those stating that they needed help wanted to be contacted by a community contact person.

Notes from women calling the BYB Line:

"I found the pamphlets that explain every month of growth for your baby and eating habits of your baby interesting and useful. This is a good program. Thanks for sending me everything."

"Baby Your Baby is a wonderful program. I promptly received my packet and found it to be packed full of information. Thank you!"

"I had a wonderful pregnancy and labor. Thank you so much for all the information you sent to me."

"I just wanted to thank the girl I talked to on the phone. She was very friendly and nice and I think that's very important when you're running a program like yours. ... She made me feel good. Thanks!"

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Making A Difference

Is BYB making a difference to pregnant women in Montana? To answer this question, follow-up questionnaires are sent to women who call the *Baby Your Baby* line.

As of June 30, 1996, a total of 1,935 women have returned the follow-up questionnaire, which is sent to new moms. 263 moms returned the questionnaire in 1995-96.

Of the total responding, 65% indicated that they needed assistance during their pregnancy. 58% of those needing assistance indicated that they contacted an agency referred through the BYB project. Another 3% indicated that they were already utilizing the program to which they were referred.

92% of those who contacted a referral agency felt that the agency was helpful to them.

How Our BYB Moms Did In 95-96

- ☐ 97% delivered in the hospital and 1% delivered at home.
- ☐ 73% traveled less than 15 miles to deliver, whereas 9% traveled more than 50 miles.
- ☐ 92% of the babies were delivered by a physician, 10% by a nurse midwife, 2% by a direct entry or lay midwife.
- ☐ 10% stated that their baby was premature.
- ☐ Of the single births, 9% reported that their baby weighed less than 5lbs. 8ozs.
- ☐ 20% reported that their baby had some complication at birth.
- ☐ 64% reported that they are breastfeeding, (down from the 67% reported a year ago).
- ☐ 62% reported that Medicaid paid for their baby and 31% were covered by a health plan, 7% had neither Medicaid or health insurance.
- ☐ 92% reported that they had their first pregnancy check-up in the first trimester, 9% in the second trimester. (Up from the 89% reported last year and 81% two years ago)
- ☐ 57%, reported having 12 or more check-ups (down from 64%) and 27% having between nine and 11.
- ☐ Only 2% reported that they stopped going to pregnancy check-ups.
- ☐ 25% reported using tobacco products during pregnancy (up from the 22% reported last year but still down from 28% two years ago), 9% used alcohol and 1% reported using street drugs.

Birth To Three

This year, 324 parents with children under three, located in 40 different counties, registered with *Baby Your Baby*. During the three years that BYB has outreached to families with children under the age of three, 1,158 people have called the 1-800 line.

Some Facts About Our Infants and Toddlers

- ☐ 86% of respondents had one child under three, 13% had two, and less than 3% had more than two children under the age of three.
- ☐ 96% stated that they had a regular doctor or health care provider for their children. This is up from the 91% who stated that last year.
- ☐ 81% stated that their children were receiving regular well-child care. This is up from the 80% who stated that last year.
- ☐ 93% had started their child's immunizations.
- ☐ 8% reported that their children had special health needs.
- ☐ 35% stated that they needed some form of assistance in meeting the needs of their children. Of those, 49% needed help with parenting skills, 6% needed help finding a provider, 14% needed help paying for health care, and 6% needed help selecting healthy food for their children. Of those indicating other needs, most often mentioned were help with child behavior problems and help in finding daycare.
- ☐ 80% of those needing assistance wanted someone to contact them.
- ☐ Calls for *Baby Your Baby - Infants and Toddlers* were received from 40 counties.
- ☐ 90% of respondents were Caucasian and 9% were Native American.



More notes from the BYB Line

"I was considering abortion very seriously up to six months. But, now that he's here, he's such a joy to our lives. I don't know how I ever made it so long without him. He's the best miracle ever made."

"My doctor thought my baby would be born too small, so I had bed rest for about one month and had to eat a lot. Well my baby's weight turned out fine, thanks to the bed rest and all the ultrasounds."

"My husband doesn't make enough for us to have insurance, yet we don't qualify for any assistance. It would have been nice to have a little help on either the costs of prenatal or food, because our food money went for prenatal costs. It was very hard to get enough nutrition."

BYB Reaches Hi-Risk Women

The 1996 *KIDS COUNT* Data Book and the *KIDS COUNT* Special report on the "Health of Montana's Infants" reported that the two factors most predictive of a low birth weight baby in Montana include the mother receiving inadequate or no prenatal care and her use of tobacco and/or alcohol. Other significant factors contributing to low birth weight babies include the mother's age, (being less than 20 years of age), marital status (unmarried), and not completing high school.

In the special report, five year averages for the risk factors of smoking and drinking showed 17.3% of mothers reported smoking during pregnancy and 2.1% reported drinking while pregnant. The percent of low birth weight babies for teens (those under 20 years of age) is 7.7% compared to 4.7% for women with no risk factors.

Women Calling The BYB Line

Many of the women calling the BYB 1-800 line are those most at risk. An analysis of the almost 2,000 follow-up questionnaires shows that:

- ☐ 25% reported using tobacco products during pregnancy
- ☐ 9% reported using alcohol during pregnancy
- ☐ 9% reported that their baby weighed less than 5lbs 8oz
- ☐ 10% reported that their baby was premature

During 1995-96, 19% of those calling the BYB Line were 18 years of age or younger, with 27% of those being under 16 years of age. The youngest was 14. *The KIDS COUNT Data Book reported that 12.7% of births in the state during 1995 were to mothers under age 20.*

The Data Book also showed that 38.3% of births in 1994 were paid by Medicaid. Sixty-two percent of those responding to the BYB follow-up questionnaire reported that Medicaid paid for their prenatal care and delivery.

Cost VS Benefit

- ☐ In 1994, the average cost of Medicaid pregnancy services was \$2,673
- ☐ Newborn intensive care can cost up to \$4,000 per day
- ☐ 50% of Medicaid's budget spent on infants up to 1 year of age pays for 3% of Medicaid eligible infants
- ☐ In 1995, Blue Cross and Blue Shield of Montana paid 36% of its net payments for infants to pay for 3% of infants covered by that insurance plan

BABY YOUR BABY MOMENTS

Every year women become pregnant and children need well-child care and immunizations. *BABY YOUR BABY* has provided an important service educating pregnant women and families with young children about the importance of prenatal and well-child care.

Both the Advisory Committee and the BYB network stations felt that this effort should continue. In consultation with the stations airing *BABY YOUR BABY*, a new dynamic look will be given to the next phase of the program.

BABY YOUR BABY Moments will be a series of 45 second information reports which will be based on the news segments produced during the past four years. The more than 100 hours of interviews taped during *BABY YOUR BABY* will be used to create these Moments.

Stations will be able to air them during commercial breaks throughout the day and not just once a week in the news. This will give increased exposure to the project.

Special emphasis of *BABY YOUR BABY* Moments will be on the importance of avoiding smoking, drinking and drugs during pregnancy.

All of the stations in the *BABY YOUR BABY* Television Network continue to support this important public education effort and have indicated a desire to remain the exclusive BYB stations in their market.

There will also be a radio version of *Baby Your Baby* Moments. All stations will be offered the opportunity to air these programs. Stations who agree to provide local sponsors for the project will be given exclusive rights in their market.

A series of newspaper columns, based on BYB Moments, will also be produced and made available through the Montana Newspaper Association.

Utilization of existing materials will mean that this public education effort will be able to continue in a very cost effective manner.

BYB Organizational Structure

Under the leadership of HMHB, an Executive Committee oversees the program. The Advisory Committee organizes and promotes broad-based community support for *Baby Your Baby*. In addition to the Executive and Advisory Committees, several subcommittees provide guidance and technical support for the project.



Healthy Mothers,
Healthy Babies
The Montana Coalition



Blue Cross BlueShield
of Montana

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Baby Your Baby Sponsors Make the Difference

BYB has been made possible through a public/private partnership. This partnership has resulted in an effective communication network and has developed creative ways in which to maximize funds. Community sponsors have ensured that the program information is available in the areas they serve. Outreach funds generated by the community-sponsor dollars assure that information and referral services are available throughout the state, especially to those most in need. In addition to dollar donations, many companies and agencies have provided in-kind services for BYB.

Baby Your Baby is the largest sustained public education program in the state's history due to the unique cost effective public/private partnership. This program has been made possible by the generosity of the following sponsors, many of whom have contributed for the past five years.

Statewide Sponsors:

Department of Public Health and
Human Services
Blue Cross & Blue Shield of Montana

Community Sponsors:

St. Vincent Medical Center - Billings
Pickles and Ice Cream - Billings
Deaconess Hospital - Bozeman
Montana Deaconess Medical Center -
Great Falls (Benefits - East)
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Central MT Pregnancy Help Center

In-Kind Contributions:

Blue Cross & Blue Shield of Montana
Continental Productions
GHS Public Relations
Healthy Mothers, Healthy Babies,
The Montana Coalition
Universal Consulting, Inc.
Russell Film & Video

If you or your organization can provide support to Baby Your Baby, contact HMHB in Helena at 1-406-449-8611. Remember your contribution may qualify for matching funds, so your gift can provide twice the service.



Healthy Mothers, Healthy Babies
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